



CHAIN-OF-CUSTODY / Analytical Request Document

ately.


Section A Required Client Information: Company: USS Corporation Address: P.O. Box 417 Mt. Iron, MN 55788


Section B Required Project Information: Report To: Tom Moe Copy To: Project Name: NPDES-TB WK1 Project #: State Location

Section C Invoice Info: Attention: Company Name Address: PM: HRZ CLIENT: USS CORP Due Date: 11/18/15

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9, -) Sample ids must be unique	MATRIX Drinking Water DW Water WT Waste Water WW Product P Soil/Solid SL Oil OL Wipe WP Air AR Other OT Tissue TS	CODE DW WT WW P SL OL WP AR OT TS	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives	Analyses Test	Y/N	Residual Chlorine (Y/N)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
				START	END							Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	TSS,SO4	TRPH 1664																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1	SD 001 (Seep 020)	WT		DATE	TIME	DATE	TIME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

ADDITIONAL COMMENTS		RECEIVED BY / AFFILIATION		DATE	TIME	ACCEPTED BY / AFFILIATION		DATE	TIME	SAMPLE CONDITIONS	
		THOMAS MOE		4/4/15	1650	G 1/2		4-4-15	1650	3-C.	

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name:	Project:
	<u>USS Corporation</u>	W0#: 1256685  1256685
Courier:	<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input checked="" type="checkbox"/> Other: <u>11/5/15</u>	
Tracking Number: _____		

Custody Seal on Cooler/Box Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seals Intact?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Optional: Proj. Due Date:	Proj. Name:
Packing Material:	<input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input type="checkbox"/> None <input checked="" type="checkbox"/> Other: <u>Harpad</u>	Temp Blank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Thermometer Used:	<input checked="" type="checkbox"/> 140792808	Type of Ice:	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on ice, cooling process has begun		
Cooler Temp Read °C:	<u>3.3</u>	Cooler Temp Corrected °C:	<u>3.6</u>	Biological Tissue Frozen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Temp should be above freezing to 6°C		Correction Factor:	<u>1.03</u>	Date and Initials of Person Examining Contents: <u>11/5/15 ms</u>	
Comments:					

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>mf</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date:

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)